

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583 961

FILING DATE

APPLICANT(S)

CLAIMS

①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
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17		0				
18		0				
19		0				
20	1					
21			1			
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40			1			
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49						
50						
TOTAL IND.	1	↓	3	↓	0	↓
TOTAL DEP.	0	←	10	←	0	←
TOTAL CLAIMS	1		13		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	